



FACILITY: _____

SUB-DISTRICT: _____

DISTRICT: _____

MONTH: _____

YEAR: _____

STANDARD

- **PHC Clinic:** Audit 1 Road-to-Health Booklet a week, or at least 5 RTHB a month
- **Hospitals:** Audit 1 Road-to-Health Booklet a week, or at least 5 RTHB a month, of children discharged that week.

Please ensure that action plans are developed including feedback at next appropriate meeting.

To be completed by the **Operational Manager** or a **Senior Professional Nurse**

Record **Y/V** for Yes, **N/X** for no or **N/A** for not applicable

N ^o	Element	1	2	3	4	5	Comments
IDENTIFICATION, HISTORY AND CLINIC VISITS							
1	Name & date of birth documented?						
2	Is page 2 filled in correctly?						
3	Is the next appointment date clearly written?						
THEME 1: GOOD NUTRITION							
4	If over 6 months, was Mid Upper Arm Circumference (MUAC) measured, interpreted & actioned appropriately? (pg 10)						
5	Were the subsequent weights for age plotted & connected correctly?						
6	Were the months added correctly at the bottom of the graph?						
7	Were the graphs interpreted correctly (for action)?						
8	Were the illness episodes entered on the weight for age graph?						
9	Were the subsequent weight- for-height charts plotted & connected correctly?						
10	Were the subsequent height-for-age charts plotted & connected correctly?						
11	Is the nutritional assessment completed (pg 21)						
12	Check in the clinical notes (pgs 31 – 35) that growth (WAZ, WHZ & MUAC) was correctly interpreted & managed at last visit?						
THEME 2: LOVE, PLAY & TALK FOR HEALTHY DEVELOPMENT							
13	Is age appropriate development assessed? (pgs 23/24)						
14	Was the child referred for any delayed milestones? (pgs 23/24)						
15	Is the head circumference measured at the required ages? (pg 25)						
THEME3: PROTECTION FROM DISEASE AND INJURIES							
16	Is the immunization status for age up to date? (pg 27)						
17	Is the immunization schedule completed correctly with visible dates, batch numbers and signatures? (pg 27)						
18	Is Vitamin A up to date? (pg 28)						
19	If 24 months or older, has deworming been given in the past 6 months?(pg 28)						
20	Was age appropriate dental screening conducted? (pgs 28/29)						
21	Was the child referred for any abnormalities? (pgs 28/29)						

N°	Element	1	2	3	4	5	Comments
THEME 4: HEALTH CARE FOR SICK CHILDREN							
22	Are the Clinical notes written using IMCI sequence - assess, classify, counsel, treat and follow up? (pgs 31 - 35)						
23	Are referrals and follow up records written and up to date? (pg 36)						
24	Is feeding recorded under the Well Child visits, at previous 3 visits?						
25	Is there evidence of counselling on infant or young child feeding practices in the past three months?						
26	Are long term health conditions recorded? (pg 37)						
27	Birth history information documented (including maternal Rh factor, syphilis status PMTCT, risk factors)? (pg 38)						
28	If HIV Exposed is PCR stickers placed & results recorded? (pg 39)						
THEME 5: SPECIAL CARE FOR IDENTIFIED CHILDREN							
29.	Were key social risks assessed & appropriate referral made? (pg 41)						
SCORE:							
N° of Yes (✓)							
N° of No (X)							
N° of N/A							
Score: $N^{\circ} \text{ of Yes} / (29 - N/A) \times 100 = \%$							
Average Score : Score of (1 + 2 + 3 + 4 + 5) / 5							
Sign:							
Designation							
Recorded Average Score on Child Health Dashboard		<input type="checkbox"/> Yes					
Recorded Remedial Action on QIP		<input type="checkbox"/> Yes					

Signature of auditor: _____

Signature of District Team:

